



The Heart of BART

☐ Payroll deduction(s) for \$ _____ per pay period x 26

☐ Check (attached) for \$ _____






(Please Circle One)

= \$

Grand Total Annual

Please make checks to agencies payable to the Federation with which it is affiliated. Include a separate check for each federation.

You may designate some or all of your gift generally to any Federation(s), specifically to any member charity(ies) or to any charity in the U.S. To make a gift to any individual charity(ies), please include the individual code number, and/or agency name the gift amount, and list it under the applicable Federation. The total payroll deduction pledge to any Federation and Affiliates must total \$1 or more per pay period (\$12/year). Use ball point pen please!

Code	Agency Name	Monthly Gifts	Subtotal
 100	Bay Area Black United Fund	\$ _____ \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____	\$ _____
 C-99	Community Health Charities of California	\$ _____ \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____	\$ _____
 A-001	Earth Share of California	\$ _____ \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____	\$ _____
 L2000	Local Independent Charities	\$ _____ \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____	\$ _____
 United Way of the Bay Area		\$ _____ \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____	\$ _____

Donor Choice Plan To designate to an agency not listed, please enter your choice in this section.

The agency must be a qualified tax-exempt organization.

Make checks payable to Community Health Charities of California.

\$ _____

\$ _____

Agency _____

Address _____

City/State _____ Zip _____ Phone _____

Print Name _____ Signature _____ Date _____

Work Phone _____ Dept. _____ Cost Center _____

Note: If you wish to be acknowledged by the Federation or Agency of your choice, please complete the following information:

Address _____ City _____ Zip _____

Email _____